



**Klamath Falls
City Schools**



**21st Century Community Learning Centers After-School Program
Conger, Pelican, Mills, Ponderosa, Roosevelt, Klamath Union
2016-2017 Registration Fees**

After School matters!!!!

Registration for 2016-2017 school year is now open. Please reserve your child's place now. After school classes begin September 12, 2016.

<p><u>To Apply:</u></p> <ul style="list-style-type: none"> Completed Application <p><u>Return to:</u> School Secretary's office or site coordinator.</p> <p>If you have additional questions please contact Gayle Yamasaki at 541-883-4702 ext. 7139.</p>	<p align="center">Registration Fees:</p> <p align="center">Conger, Mills, Pelican, Ponderosa, Roosevelt, Klamath Union</p> <p><u>Individual Student Rate</u></p> <p>Three payments \$10.00 Full Year \$30.00</p> <p><u>Family Rate</u></p> <p>Three payments \$17.00, \$17.00, \$16.00 Full Year \$50.00</p> <p>*Financial Assistance (special circumstances)</p>
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*If special circumstances exist, please describe: _____

I am in need of financial scholarship assistance: **YES** _____ **NO** _____

I would like to volunteer my time to pay registration fee: **YES** _____ **NO** _____

After School Program Site: _____

Horario de clases

Conger, Mills, Pelican, Roosevelt: M, T, TH, F 3:00-5:15 and W 2:00-4:15 (lunes, martes, jueves y viernes de 3:00 a 5:15; miércoles de 2:00 a 4:15)

Ponderosa Middle School: M, T, Th F 3:15-5:30 and W 1:45-4 (lunes, martes, jueves y viernes de 3:15 a 5:30; miércoles de 1:45 a 4:00)

Klamath Union High School: M, T, W, Th and F 3:30-5:45 (lunes, martes, miércoles, jueves y viernes de 3:30 a 5:45)

<p>FOR OFFICE USE ONLY 2016/ 2017</p>	<p>DATE RECEIVED: _____</p> <p>MAILED ACCEPTANCE LETTER _____</p> <p>PROGRAM SIGNATURE: _____</p> <p>START DATE: _____</p>	<p>DATE APPROVED: _____</p> <p>APPROVED PROGRAM FEE: \$ _____</p> <p>SCHOLARSHIP: _____</p> <p>VOLUNTEER: _____</p>	<p align="center">SCHOOLMASTER _____</p>
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Please fill out both sides of application and turn in application only.



**Klamath Falls
City Schools**



2016-2017 APPLICATION FORM

21st CENTURY COMMUNITY LEARNING CENTERS

CENTRO DE APRENDIZAJE DE LA COMUNIDAD DEL SIGLO 21

AFTER SCHOOL PROGRAM

PROGRAMA DESPUÉS DE LA ESCUELA

CONGER, MILLS, PELICAN, ROOSEVELT, PONDEROSA, KLAMATH UNION

Please complete one application per child. Thank you.

Por favor, complete una solicitud para cada alumno. Gracias.

Fill out and deliver to school secretary or site coordinator

Por favor, complétela y entrégela a la secretaria escolar o al coordinador del establecimiento

Student's Legal Name _____ **Grade** _____
Nombre del alumno *Grado*

Student's classroom teacher _____ **Date of Birth** _____
Maestra de clase del alumno *Fecha de nacimiento*

Male _____ **Female** _____ **Current school site** _____
Masculino *Femenino* *Establecimiento escolar actual*

Address _____ **Zip Code** _____
Domicilio *Código postal*

Mailing address (if different than above address) _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____
Teléfono de la casa *Teléfono del trabajo* *Teléfono celular*

Email: _____

Transportation needed? Yes _____ **No** _____ **Does your child currently ride a bus? Yes** _____ **No** _____
¿Necesita transporte escolar? Sí No *¿Toma su hijo el autobús ahora? Sí No*

Name of person to call in case of emergency (required) _____
Persona a llamar en caso de emergencia (se requiere)

Relationship _____ **Phone** _____
Parentesco *Teléfono*

Is there any medical condition we should know about? **Yes** _____ **No** _____
¿Hay alguna condición médica que deberemos saber? Sí No

Are there any allergies? Yes _____ **No** _____ **If yes, please explain** _____
¿Hay alergias? Sí No Explique si las hay

If yes to the above, please explain _____
Por favor explique si es sí lo de arriba

Do we have permission to take your child to the doctor in case of an emergency and we cannot reach you? **Yes** _____ **No** _____
¿Nos da permiso para llevar a su hijo al doctor en caso de emergencia y no le podemos localizar? Sí No

Parent/Guardian Name (please print) _____
Imprima su nombre

Parent/Guardian Signature _____

Firma

Father's Name: _____ **Resides with Yes** _____ **No** _____

Mother's Name: _____ **Resides with Yes** _____ **No** _____

Participant's Ethnicity (for grant tracking purposes): _____

*****It can take up to a week for processing.*****

Puede llevar hasta una semana procesar esta solicitud.